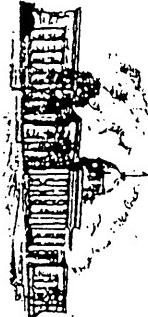




DEC-08 '29 WED 09:02 AM WATSON, FEES, &amp; JIMMERSOON NO. 1 256 536 2389

P. 03

CX-431	TO PAYMENT LIFE INSURANCE
 <b>BIRMINGHAM, ALA.</b>	
<b>Service</b> <small>INSURANCE COMPANY</small> <small>of Alabama</small>	
PREMIUMS PAYABLE FOR 10 YEARS	
(AMOUNT OF INSURANCE GRADED FOR AGES UNDER 31)	
READ YOUR POLICY	

**SCHEDULE**

NAME OF INSURED	BENEFICIARY			TYPE POLICY		
	MOORE ELLEN G	MOORE PAULINE		CX	CX	
CX 929921	11 15 54	5 55	\$ 500	4	115	
POLICY NUMBER	MO. DAY YR.	AGE*	(CENTS) WEEKLY PREMIUM	AMOUNT OF INSURANCE	DIST.	DEBIT

\*INSUREE'S AGE NEXT BIRTHDAY

**REGISTER OF CHANGE OF BENEFICIARY**

NOTE—NO CHANGE, DESIGNATION OR DECLARATION, SHALL TAKE EFFECT UNTIL ENDORSED ON THIS POLICY BY THE COMPANY AT ITS HOME OFFICE.

DATE ENDORSED	BENEFICIARY	ENDORSED BY

Burial Service Company of Alabama having discharged each and every obligation and liability set forth and stipulated herein, the undersigned beneficiary under this policy hereby surrenders the said policy and certifies that there is held against the said company no further claims hereunder.

WITNESS

BENEFICIARY

Dated at \_\_\_\_\_ this \_\_\_\_\_ day of \_\_\_\_\_, 19\_\_\_\_

# Service INSURANCE COMPANY of Alabama

BIRMINGHAM, ALA.

Will pay to the beneficiary in accordance with the provisions of this Policy the amount of insurance granted hereunder upon receipt of due proof of the death of the Insured whose name appears in the schedule on the fourth page hereof.

**CONSIDERATION**—The Insurance is granted hereunder in consideration of the payment in advance of the weekly premium stated in the schedule on Page 4 hereof on or before each Monday beginning with the date of issue of this Policy and continuing until premiums shall have been paid for 10 years or until prior death of the Insured.

**AMOUNT OF INSURANCE**—The amount of insurance hereunder is the amount set out in the schedule herein, unless at date of death the Insured is under three years of age, in which event, the amount payable for each \$100 set out in the said schedule shall be as follows:

- (a) Under three months of age at death, twelve dollars;
- (b) Three months or over but under one year of age at death, eighteen dollars;
- (c) One year or over but under two years of age at death, twenty-four dollars;
- (d) Two years or over but under three years of age at death, sixty-five dollars;
- (e) Three years of age or over at death, full benefit.

(1) **PAYMENT OF PREMIUM**—All premiums are payable at the Home Office of the Company weekly in advance, but may be paid to an authorized representative of the Company, provided that such payment must be entered at the time in the premium receipt book belonging with this Policy. The failure of the collector to call for the premium on the Policy will not be an excuse for non-payment as the Insured will then be required to pay the premium at a Branch Office of the Company or remit the same to the Home Office.

(2) **PREMIUMS PAYABLE OTHER THAN WEEKLY**—The premium stated in the schedule of this Policy is a weekly premium. However, if premiums are paid Annually (52 weeks) in advance at one time, such Annual Premium shall be calculated by multiplying the stated weekly premium by 46.8. If premiums are paid Semi-Annually (26 weeks) in advance at one time, the Semi-Annual Premiums shall be calculated by multiplying the weekly premium stated by 24.7.

(3) **GRACE PERIOD**—A grace period of four weeks shall be granted for the payment of every premium after the first, during which time this Policy will remain in force subject to the terms hereof, but after the expiration of the said period of grace the Company's liability under this Policy shall cease except as to the Non-Forfeiture privileges herein contained.

(4) **REINSTATEMENT**—In the event this Policy should lapse it may be reinstated at any time within three years after due date of the first premium in such default, upon the furnishing to the Company of evidence of insurability satisfactory to the Company and the payment of all premiums in default unless the Extended Insurance has expired or the Cash Surrender Value has been paid.

(5) **EFFECTIVE DATE**—This Policy shall take effect on its date of issue, provided the Insured is then alive and in sound health, but not otherwise.

**CONDITIONS AND PROVISIONS**—This Policy is issued and accepted subject to all of the terms, conditions, provisions, schedules, registers and endorsements printed or written by the Company on this or the succeeding pages hereof, which are a part of this Policy as fully as if recited over the signatures hereto affixed.

In Witness Whereof, The Company has caused this Policy to be executed by its President and Secretary at its Home Office in Birmingham, Alabama, as of the date of issue appearing herein.



SECRETARY

PRESIDENT

**TABLE OF NON-FORFEITURE BENEFITS**  
**FOR A POLICY FOR WHICH THE AMOUNT OF INSURANCE IS \$100**

Age at Issue	2 YRS.		3 YEARS		4 YEARS		5 YEARS		6 YEARS		7 YEARS		8 YEARS		9 YEARS		10 YEARS		Age at Issue	
	Ext. Ins. Mo.	Paid Up Mo.	Ext. Ins. Mo.	Paid Up Mo.	Ext. Ins. Mo.	Paid Up Mo.	Ext. Ins. Mo.	Cash Value Mo.	Ext. Ins. Mo.	Paid Up Mo.	Cash Value Mo.	Ext. Ins. Mo.	Paid Up Mo.	Cash Value Mo.	Ext. Ins. Mo.	Paid Up Mo.	Cash Value Mo.			
	A	B	A	B	A	B	A	B	A	B	A	B	A	B	A	B	A	B		
1	22	125	116	108	124	142	111	107	164	114	278	184	117	448	177	121	121	186	125	
2	35	120	10	147	31	243	43	54	18	373	44	18	442	22	318	19	24	24	12	
3	37	127	18	142	31	238	43	11	14	346	44	18	428	22	307	18	26	24	1	
4	42	129	26	121	32	238	33	12	204	16	314	47	19	428	24	305	19	27	24	1
5	58	127	20	178	22	232	44	12	213	16	354	47	20	422	24	311	18	27	24	1
6	68	124	21	177	32	231	49	13	212	64	17	354	89	20	417	79	24	444	10	
7	68	121	22	173	34	227	46	13	247	57	17	348	65	21	416	79	24	476	10	
8	68	120	22	144	32	222	44	14	281	57	18	342	64	21	402	79	24	469	10	
9	68	115	22	162	34	216	44	14	276	67	18	334	59	22	384	78	24	466	9	
10	62	116	32	167	34	212	49	14	271	67	18	318	68	22	365	78	24	464	9	
11	58	164	23	182	34	207	45	16	226	57	18	184	74	24	342	78	27	447	11	
12	54	162	22	147	34	202	44	16	280	58	18	317	47	23	374	78	27	440	11	
13	58	164	22	143	34	186	46	16	254	68	19	312	57	23	349	78	28	433	11	
14	64	161	22	164	34	241	45	16	281	64	19	304	67	24	341	78	29	428	11	
15	43	58	22	137	191	44	16	248	68	20	301	67	24	367	78	29	419	11		
16	41	44	22	134	33	188	44	14	242	66	20	286	46	24	362	78	29	413	11	
17	39	54	22	133	35	188	44	14	238	65	20	291	46	24	344	78	29	406	11	
18	34	52	22	131	35	184	44	14	235	65	21	284	45	25	334	78	29	396	11	
19	37	52	22	130	35	100	44	17	238	65	21	274	67	24	327	78	31	384	11	
21	58	57	22	116	12	178	44	17	228	68	22	271	66	27	321	78	31	377	11	
22	58	52	22	129	12	178	44	17	221	68	22	266	66	27	321	78	32	370	11	
23	52	42	22	124	13	173	44	18	217	55	23	242	67	28	316	78	32	362	11	
24	58	52	22	127	12	171	44	18	213	54	23	244	67	28	303	78	32	356	11	
25	58	52	22	124	13	148	44	19	204	68	24	281	67	29	304	78	34	348	11	
26	40	42	22	124	14	144	44	18	204	58	24	248	47	29	290	78	36	341	11	
27	40	22	22	122	14	144	44	18	222	58	24	248	57	30	244	78	33	333	11	
28	40	22	22	120	14	148	44	18	198	58	24	248	57	31	277	78	32	326	11	
29	34	30	22	114	14	144	44	20	182	54	24	278	57	31	221	78	34	314	11	
30	40	22	22	101	14	122	44	21	181	54	24	224	57	31	211	78	34	303	11	
31	40	77	23	113	14	148	46	21	182	56	27	214	67	32	168	78	38	304	11	
32	40	74	23	110	14	145	46	21	227	55	27	213	65	33	252	78	38	294	11	
33	35	72	23	123	14	145	46	21	177	54	27	202	67	34	246	78	40	288	11	
34	35	72	23	124	14	148	46	21	168	55	28	202	67	34	239	78	40	282	11	
35	38	72	23	101	14	122	46	21	181	54	28	186	67	35	222	78	41	274	11	
36	37	18	23	116	14	145	46	23	158	54	28	191	67	35	224	78	42	247	11	
37	37	18	23	115	14	144	46	23	177	54	27	213	65	35	222	78	42	240	11	
38	35	72	23	110	14	145	46	23	177	54	27	202	67	35	221	78	42	233	11	
39	34	72	23	114	14	148	46	23	168	55	28	174	67	35	214	78	42	222	11	
40	40	79	23	118	14	161	46	21	187	54	28	224	67	34	214	78	42	211	11	
41	31	87	23	83	14	104	46	28	124	54	28	191	67	35	224	78	42	247	11	
42	30	84	23	80	13	104	46	28	121	54	28	157	66	35	197	77	42	220	11	
43	29	82	23	77	13	101	46	28	122	54	28	162	66	35	191	77	42	216	11	
44	29	81	23	74	22	98	46	28	122	55	28	147	66	35	176	77	42	211	11	
45	27	80	23	72	22	94	46	28	117	56	33	142	66	35	146	77	42	204	11	
46	27	80	23	69	22	91	46	27	113	54	33	124	66	41	163	77	46	232	11	
47	26	80	23	87	22	94	46	27	106	54	34	124	66	41	157	77	46	210	11	
48	24	44	23	84	22	94	46	27	104	54	34	128	66	41	151	77	46	204	11	
49	24	42	23	82	22	91	46	27	104	54	34	128	66	41	157	77	46	200	11	
50	24	41	23	82	22	88	46	27	102	54	34	121	66	41	157	77	46	196	11	
51	32	36	22	87	22	74	46	26	92	54	34	111	66	41	134	76	41	181	11	
52	21	32	22	84	22	71	46	26	88	54	34	106	64	41	128	76	42	160	11	
53	20	32	22	82	22	70	46	26	84	54	34	102	64	41	124	76	42	156	11	
54	20	32	22	79	22	64	46	26	82	54	34	97	64	41	120	76	42	152	11	
55	18	32	22	76	22	62	46	26	78	52	37	92	64	41	117	76	42	145	11	
56	16	34	22	74	22	61	46	26	78	52	37	97	64	41	113	76	42	143	11	
57	16	31	22	48	32	48	46	26	72	52	37	98	63	46	168	76	34	137	11	
58	17	30	22	42	32	46	46	26	68	52	37	94	63	46	164	76	34	132	11	
59	16	28	22	40	31	42	46	26	66	52	38	90	63	46	160	76	34	127	11	
60	14	26	21	37	21	34	46	26	64	52	38	86	63	46	156	76	34	123	11	
61	14	25	21	36	21	34	46	26	64	51	38	72	62	47	147	76	34	117	11	

\*To obtain the amount of Paid-Up Insurance or the Cash Surrender Value for a policy of which the ultimate amount of Insurance is greater or less than \$100, the stated should be increased or decreased proportionately; e.g., if the ultimate amount of Insurance is \$200 the value should be doubled. The period of Extended Insurance, the same whatever the amount of Insurance.

#Premiums must have been paid on this Policy for the number of years indicated in the first line of the foregoing table to obtain the benefits indicated.

(8) MISSTATEMENT OF AGE—In the event the age at issue is incorrectly stated herein, the amount of insurance hereof shall be such as the premiums paid would have purchased at the correct age, and all other benefits shall be based on such correct age and such amount of insurance.

(7) INCONTESTABILITY—After this Policy has been continued in force during the lifetime of the insured for a period of one year from its date of issue it shall thereafter be contestable except for non-payment of premiums.

(8) BENEFICIARY—By written notice to the Company the insured may from time to time name a new beneficiary, subject to evidence of insurable interest satisfactory to the Company, but no such change shall be effective until endorsed on this Policy by the Company.

If the beneficiary dies before the insured the estate of the insured shall then automatically become the beneficiary hereof. If the insured's estate is the beneficiary, the Company will make payment to the insured's executor or administrator, provided, however, that the Company may make payments to any relative by blood or marriage, or to any person appearing to the Company to be equitably entitled to such payment because of having incurred expense for the maintenance, medical attention or burial of the insured. If the beneficiary is a minor, or is otherwise not legally qualified to give a valid release at the time of payment hereof the Company may make payment to any person who furnishes evidence satisfactory to the Company that such person is responsible for, or is actually contributing to the support of the beneficiary.

(9) POLICY CONTROL—If the insured hereunder is a minor, during the minority of such insured, the right to change the beneficiary and exercise all the rights of ownership under this Policy shall be vested in the beneficiary named herein from time to time; or if such beneficiary dies before the insured, then such rights shall be vested in the surviving parent of the insured, or in the legal guardian of the insured, or in any adult having the custody and control of said minor. After the insured becomes of age, the entire ownership and control of this Policy shall be vested in the insured.

(10) ASSIGNMENT—Neither this Policy, nor any benefit hereunder can be assigned.

(11) LOSS OF EYESIGHT OR LIMBS—After the third anniversary of the insured's birth and during the lifetime of the insured, if the Company shall receive due proof that during the continuance of this Policy, otherwise than as Extended Insurance or reduced Paid-Up Insurance provided in the Non-Forfeiture Benefits, the insured has suffered any of the losses set forth below solely as a result of disease contracted or injuries sustained after the date hereof and that thirty days have elapsed since such loss, total and permanent disability shall then be deemed to exist, and upon surrender of this Policy and its premium receipt book, the Company will make immediate payment as set forth below, provided, however, that such loss was not sustained from service in the Military or Naval forces of any country at war.

A sum equal to the amount insured hereunder shall be payable in the event of  
 (i) loss by severance of both hands at or above the wrists;  
 (ii) loss by severance of both feet at or above the ankles;  
 (iii) loss by severance of one hand at or above the wrist and one foot at or above the ankle;  
 (iv) complete and irrecoverable loss of sight of both eyes prior to the seventieth anniversary of the insured's birth.

In addition to the payments set out herein for such loss the Company will endorse this Policy with a waiver of all further premiums, paying at death the amount insured hereunder.

(12) OPTION TO SURRENDER WITHIN TWO WEEKS—if the terms of this Policy are not accepted and agreed to it may be surrendered for cancellation at the District Office of the Company through which it was delivered within two weeks from the date hereof and all premiums paid will be refunded.

(13) PRIVILEGE OF EXCHANGE—Upon written application and evidence of insurability satisfactory to the Company this Policy may be surrendered to the Company in exchange for another policy on any plan then issued by the Company requiring premium payments less frequent than weekly, provided, the new policy is for at least the minimum amount issued by the Company on the plan applied for. In executing such change the full reserve on this Policy shall be applied to reduce premium payments on the new policy in accordance with the terms and conditions then agreed upon with the Company.

(14) NON-FORFEITURE BENEFITS—Extended Insurance—In the event this Policy lapses after premiums have been paid for the respective periods shown in the Table of Non-Forfeiture Values herein the amount of insurance granted under this Policy shall be automatically continued in force as Extended Insurance for the number of months specified in the column marked "A" in the said Non-Forfeiture Table. The term of Extended Insurance shall commence on the due date of the first premium in default.

(A) PAID-UP LIFE INSURANCE—After this Policy has been in force with premiums paid for the number of years shown in the table below, the insured may, by making written application upon blanks furnished by the Company within thirteen weeks of the due date of the first premium in default, have this Policy endorsed for a reduced amount of Paid-Up Life Insurance payable at the death of the insured. Such amount shall be in accordance with the amount stated in Column "B" in the table of Non-Forfeiture Values, provided, however, that such amount of Paid-Up Life Insurance shall be in lieu of Extended Insurance.

(B) CASH SURRENDER VALUE—After this Policy has been in force with premiums paid for five full years upon written request to the Company and the surrender of this Policy and all premium receipt books or other evidence of premium payments the Company will pay the Cash Surrender Value set out in Column "C" in the Table of Non-Forfeiture Values less any indebtedness due the Company hereon. Such written request must be made within thirteen weeks of the due date of the first premium in default.

The basis of reserves for this Policy is the 1941 Standard Industrial Mortality Table (Illinois Standard) with interest at 3 1/4% per year.

For the years subsequent to the 20th the values are to be the equivalent of the full reserves according to the foregoing standard. Proportionate increase will be made in the non-forfeiture values shown in the table for each additional completed quarter year of premium payments.

(15) ALTERATION AND WAIVERS—This Policy contains the entire agreement between the Company and the insured. Its terms cannot be changed or its conditions varied, except by a written agreement, signed by the President or Secretary of the Company. No other person shall have the power to make or alter contracts, waive forfeiture, or receive premiums on policies in arrears more than four weeks, or to receipt for the same, and all such arrears given to an agent or employee shall be at the risk of those who pay them and shall not be credited upon the Policy, whether received or not, except as set forth in the "Restatements" provision herein.

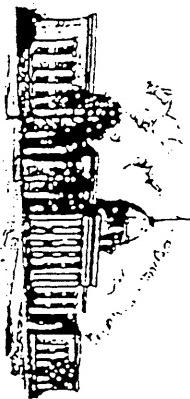
The maximum amount of cash insurance to any policyholder of this Company is limited to Five Hundred Dollars (\$500.00) for natural death. The total liability of this Company for all policies of cash insurance in force by it on the life of the person insured by this Policy for natural death shall be the lesser of Five Hundred Dollars (\$500.00) or the amount of cash insurance under all such policies.



DUPLICATE  
BURIAL POLICY

SERVICE INSURANCE COMPANY  
of Alabama

BIRMINGHAM, ALA.



PREMIUMS PAYABLE FOR  
15 YEARS

READ YOUR POLICY

AUTHORIZED UNDERTAKER

DUPPLICATE

## SCHEDULE

NAME OF INSURED	BENEFICIARY			TYPE POLICY		
WILLIAMS FANNIE	<del>VOID</del> - SEE ENDORSEMENT WILLIAMS CURTIS T.			F		
F 2341927	4	5	65	38	\$ .28 WK (CENTS) WEEKLY PREMIUM	36 RETAIL VALUE (ADULTS)
POLICY NUMBER	MO.	DAY	YR.	AGE*		DIST.  20 127 DEBIT

\*INSURED'S AGE NEXT BIRTHDAY

F-6-55

**LIBERTY NATIONAL LIFE INSURANCE COMPANY**  
BIRMINGHAM, ALABAMA

**PAID-UP POLICY CERTIFICATE**

NAME OF INSURED	TYPE	POLICY NO.	ISSUE DATE		DISCOUNT	AGE AT ISSUE	PREMIUM NO.	DATE PAID UP		DISCOUNT	PAYMENT NO.	DATE PAID UP
			MO.	DAY				MO.	DAY			
MCCONNELL, FANNIE W	F	2541927	4	15	65	36	37	30	20	3	17	40
											3	17

OVERPAYMENT OF PREMIUM  
~~125.45444444444444~~ ~~125.45~~

NET OVERPAYMENT  
FOR WHICH  
CHECK IS ENCLOSED

Mr. Fannie McConnell,  
General Delivery,  
Collinsville, AL 35961

THIS IS TO CERTIFY THAT THE POLICY DESCRIBED  
"ABOVE IS NOW PAID-UP FOR LIFE AND NO MORE  
PREMIUMS WILL BE DUE.  
LIBERTY NATIONAL LIFE INSURANCE CO.

SECRETARY

J. Bruce A. Remmick

— THIS CERTIFICATE SHOULD BE  
ATTACHED TO THE POLICY  
IT DESCRIBES. SEE REVERSE SIDE.



		<b>SERVICE INSURANCE COMPANY</b> <i>of Alabama</i> <small>Division of LIBERTY NATIONAL LIFE INSURANCE CO. Birmingham, Alabama</small>	
<b>FUNERAL POLICY</b>			
<u>WEEKLY PREMIUMS PAYABLE FOR 12 YEARS</u>			
<u>BENEFIT FOR ACCIDENTAL DEATH</u>			
<u>NONPARTICIPATING INDUSTRIAL POLICY</u>			

## SCHEDULE

NAME OF INSURED	BENEFICIARY			PREMIUMS PAYABLE	TYPE
EDWARD E. GREENSPAN	WILLIAMS SPENCER			W K	330
14758551	11 24 69	42	036	712	15
POLICY NUMBER	MO. DAY YR. DATE OF ISSUE	AGE LAST BIRTHDAY AT DATE OF ISSUE	(CENTS) WEEKLY PREMIUM	\$300 36	DISTRICT AGENCY

\*For death prior to age ten, the retail value is a reduced amount providing comparable benefits.

19

this day of

Dated at

BENEFICIARY

WITNESS

SARVIE Insurance Company of Alabama, Division of Liberty National Life Insurance Company, having discharged each and every obligation and liability set forth and stipulated herein, the undersigned beneficiary under this policy hereby surrenders the said policy and certifies that there is held against the said company no further claims hereunder.

REGISTER OF CHANGE OF BENEFICIARY	DATE ENDORSED	BENEFICIARY	ENDORSED BY	APPROVED BY LAW
				<i>[Signature]</i> SECRETARY
				<i>[Signature]</i> LIBERTY NATIONAL LIFE INSURANCE CO.
				<i>[Signature]</i> NAME OF INSURED/CHANGED TO
				<i>[Signature]</i> DATE 7-3-78
				Early in the morning of
				BY THE COMPANY AT ITS HOME OFFICE.
NOTE-NO CHANGE DESIGNATION OR DECLARATION SHALL TAKE EFFECT UNTIL ENDORSED ON THIS POLICY				



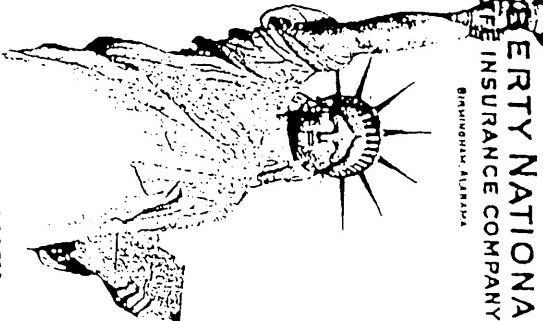
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DEC-08 '99 WED 09:09 AM WATSON, FEES, &amp; JIMMERSO

EX NO. 1 256 538 2329

P. 15

507-407

**NONPARTICIPATING INDUSTRIAL POLICY****ACCIDENT POLICY**BENEFIT FOR DEATH BY ACCIDENTAL MEANS  
BENEFIT FOR LOSS OF EYESIGHT OR LIMBBENEFIT FOR DEATH BY TRAVEL ACCIDENT  
PREMIUMS PAYABLE UNTIL POLICY  
ANNIVERSARY IMMEDIATELY PRECEDING  
INSURED'S 70TH BIRTHDAYTHIS POLICY IS NONCANCELLABLE AND  
GUARANTEED RENEWABLE UNTIL THE  
POLICY ANNIVERSARY IMMEDIATELY  
PRECEDING INSURED'S 70TH  
BIRTHDAYBENEFICIARY  
LIBERTY NATIONAL  
LIFE INSURANCE COMPANY  
BIRMINGHAM, ALABAMA

SCHEDULE												
POLICY NUMBER		NAME OF INSURED		BENEFICIARY								
15153077		WILLIAMS ENDOWMENT		WILLIAMS MITCHELL		347						
6	29	1970	42	\$	5.12 WEEKLY	**	1	5	15	1997	.15	712
Month	Day	Year	Age	Premium	Amount of Insurance	Month	Day	Year	Agency	Last Premium Payable	District	
*Amount of insurance benefits shown on page one.												
36- 37												

The following endorsement shall take effect  
only if the policy is in force as of

DATE 7-3-78

NAME OF INSURED CHANGED TO

Karrie W. McNamee, II  
LIBERTY NATIONAL LIFE INSURANCE CO.

by J. P. Burleson

SECRETARY

Approved by W. H. Benton

52  
12  
104  
52  
12/624 (.52 per month  
60  
24

## ACCIDENT POLICY

LIBERTY NATIONAL  
LIFE INSURANCE COMPANY

BIRMINGHAM, ALABAMA

**INSURANCE BENEFITS**—We, Liberty National Life Insurance Company, enter into this agreement with you, the insured named in the schedule on Page 4. Beginning with the date of issue shown in the schedule we insure you for the amounts shown in the table below if premiums are paid as provided under "Premiums." Terms used in the table are defined in the following paragraphs.

BENEFIT FOR	BENEFIT PAYABLE		
	First Policy Year	From Second Policy Year Until Policy Anniversary Preceding 65th Birthday	Thereafter Until Policy Anniversary Preceding 70th Birthday
Accidental Death	\$1,000	\$2,000	\$1,000
Death by Travel Accident	3,000	6,000	3,000
Loss of Eyesight	2,500	5,000	2,500
Loss of One Limb	1,000	2,000	1,000
Loss of Two or More Limbs	2,500	5,000	2,500

On the anniversary of the date of issue immediately preceding your 70th birthday this policy will terminate and cease to be in force.

**ACCIDENTAL DEATH**—Accidental death means death which is caused solely and directly by accidental injury and occurs within 90 days of such injury. Accidental injury means bodily injury effected solely through external and accidental means. No benefit for accidental death will be payable if death results directly or indirectly from any disease, illness, or infirmity or medical or surgical treatment therefor or from any of the "Exclusions from Coverage" listed below or if a benefit is payable under the provisions relating to "Death by Travel Accident" or "Loss of Eyesight or Limb."

**DEATH BY TRAVEL ACCIDENT**—Death by travel accident means death for which the accidental death benefit would otherwise be payable but which results from injuries sustained while you are a fare-paying passenger in a streetcar, bus, taxicab, train, airplane, steamship, or other vehicle operated as a public conveyance by a licensed common carrier for the transportation of passengers, or while you are a passenger in a school bus which is being operated during the regular session of a recognized public or private school for the transportation of students to or from school or to or from any organized school extracurricular activity.

**LOSS OF EYESIGHT OR LIMB**—Loss of eyesight means the total and irrecoverable loss of the entire sight of both eyes. Loss of a limb means the loss of a hand or foot by severance. Any loss must be caused solely by disease or injuries sustained after the date of issue and you must survive the loss by at least 30 days. The maximum cumulative benefit payable under this provision is \$5,000.

The payment of any benefit under this provision shall terminate this Policy.

**EXCLUSIONS FROM COVERAGE**—This policy does not provide a benefit for any loss caused or contributed to by:

- (1) suicide while sane, or self-destruction or any attempt therat while insane, or injuries intentionally inflicted upon yourself, whether sane or insane,
- (2) injuries intentionally inflicted upon you by any person unless such person was in the course of committing a robbery or burglary or an attempt therat,
- (3) participating in an assault or felony,
- (4) operating or riding in or descending from any kind of aircraft of which you were the pilot, officer, or member of the crew, or in which you were giving or receiving training or instruction or had any duties,
- (5) war or act of war (including insurrection, undeclared war, and armed aggression or its resistance), whether or not you are in military service of any country or international organization.

Benefit for Death by Accidental Means

Benefit for Death by Travel Accident

Benefit for Loss of Eyesight or Limb

Premiums Payable Until Policy Anniversary Immediately Preceding Insured's 70th Birthday

This Policy Is Noncancelable and Guaranteed Renewable Until the Policy Anniversary Immediately Preceding Insured's 70th Birthday

DEC-0A '99 WED 09:10 AM WATSON, FEES, &amp; JIMMERSO

&amp; NO. 1 256 538 2629

P. 17

**PREMIUMS**—The consideration for this policy is the payment of the premiums when they are due, and no insurance will become effective until the first premium has been paid. Premiums under this policy are payable either weekly or monthly as specified in the schedule on page 4 in the amount shown in the schedule. If premiums are payable weekly, they are due each Monday beginning with the date of issue; if payable monthly, they are due on the first of each month beginning with the date of issue. Premiums are payable until the policy anniversary immediately preceding the insured's 70th birthday. Premiums must be paid to one of our agents or to the cashier at one of our offices. If our agent does not call for any premium when it is due, payment of the premium is not excused, and in such case it is your responsibility to see that the payment is made at one of our offices.

**POLICY CONTROL**—If you are over 16 years of age, you have the entire ownership and control of this policy. If you are less than 16 years of age, the ownership and control of this policy will be vested in the beneficiary named herein from time to time until you reach your 16th birthday. In such case, if the beneficiary should die or cease to have custody and control of you, then ownership and control of this policy will be vested in the parent or legal guardian or other adult having custody and control of you. The ownership and control of this policy includes the right to change the beneficiary and to exercise all other privileges granted in this policy.

**ENTIRE CONTRACT**—This policy, including any endorsements and attached papers, is the entire contract between us. None of its provisions may be waived or changed except by written endorsement on this policy or on paper attached to this policy signed by the President, a Vice-President, the Secretary, an Assistant Vice-President, or an Assistant Secretary of the Company. No agent has authority to change this policy or to waive any of its provisions.

**INCONTESTABILITY**—After this policy has been in force for a period of two years during the lifetime of the insured, it shall become contestable as to the statements contained in the application. No claim for loss incurred commencing after two years from the date of issue of this policy shall be reduced or denied on the ground that a disease or physical condition not excluded from coverage by name or specific description, effective on the date of loss had existed prior to the effective date of coverage under this policy.

**GRACE PERIOD**—A grace period of 4 weeks (or 31 days if premiums payable monthly) will be granted for the payment of each premium falling due after the first premium during which period this policy shall continue in force.

**REINSTATEMENT**—If any renewal premium is not paid within the time granted to you for paying the same, a subsequent acceptance of all premiums due and unpaid for a period not exceeding 8 weeks prior thereto by us or by any agent duly authorized by us to accept such premiums, shall reinstate this policy; provided, however, that if such agent requires, or if we require an application for reinstatement and a conditional receipt for the premium tendered is issued by us or by our agent, this policy will be reinstated upon our approval of such application, or, upon the forty-fifth day following the date of such conditional receipt unless we have previously notified you in writing of our disapproval of such application. The reinstated policy shall cover only death or other loss covered by this policy resulting from such accidental injury as may be sustained after the date of reinstatement and loss due to such diseases which may begin more than 10 days after such date. In all other respects, you and we shall have the same rights as provided under this policy immediately before the due date of the defaulted premium, subject to any provisions endorsed hereon or attached hereto in connection with the reinstatement.

**NOTICE OF LOSS**—Written notice of loss must be given to us within thirty days after your accidental death or other loss covered by this policy; or as soon thereafter as is reasonably possible. Notice given to us by you or on your behalf or on behalf of the beneficiary at our Home Office in Birmingham, Alabama, or to one of our authorized agents, with information sufficient to identify you, shall be notice to us.

**CLAIM FORMS**—Upon receipt of notice of loss we will furnish to the claimant such forms as are usually furnished for filing claims. If such forms are not furnished within fifteen days after giving such notice, the claimant shall be deemed to have complied with the requirements of this policy as to proof of loss upon submitting, within the time fixed in this policy for filing proofs of loss, written proof covering the occurrence, and the character of the death or loss for which claim is made.

**PROOF OF LOSS**—In the event of accidental death or death by travel accident written proof of loss must be furnished to us at our Home Office within 90 days after the date of such loss. In the event of loss of eyesight or limb written proof of loss must be furnished to us at our Home Office within one year after the date of such loss. Failure to furnish such proof within the time required shall not invalidate nor reduce any claim if it was not reasonably possible to furnish proof within such time, provided such proof is furnished as soon as reasonably possible and in no event, except in the absence of legal capacity, later than one year from the time proof is otherwise required.

**PAYMENT OF INSURANCE BENEFITS**—As soon as we receive due proof of loss covered by this policy we will immediately pay the benefit provided. Any benefit for loss of life will be paid to the beneficiary designated in this policy at the time of payment. If no such designation is then effective, or if the beneficiary does not survive you, such benefit will be paid to your estate. Any other accrued benefit unpaid at your death, may, at the option of the Company, be paid either to the beneficiary or to your estate. All other benefits provided by this policy will be paid to you.

**PHYSICAL EXAMINATIONS**—We shall have the right and opportunity, at our own expense, to examine your person when and as often as we may reasonably require during the pendency of a claim hereunder.

**LEGAL ACTION**—No action at law or in equity shall be brought to recover on this policy prior to the expiration of sixty days after written proof of loss required by this policy has been furnished. No such action shall be brought after the expiration of four years from the time written proof of loss is required to be furnished.

**BENEFICIARY**—The original beneficiary of this policy is named in the schedule on Page 4. You may change the beneficiary at any time by giving us written notice of the desired change and evidence satisfactory to us that the proposed beneficiary has an insurable interest in your life. No change of beneficiary will be effective until we have endorsed it on this policy.

**AGE LIMIT**—The insurance granted hereunder shall not cover any person over sixty years of age on the date of issue of this policy, unless we accept premiums with the knowledge that the person is over sixty years of age.

**MISSTATEMENT OF AGE**—Where there is a misstatement of your age as shown in the schedule on Page 4, the coverage provided by this policy shall not become effective if, according to your correct age, you were over 60 years of age on the date of issue. This policy shall terminate on the anniversary of the date of issue immediately preceding your 70th birthday. In the event your age has been misstated and if, according to your correct age, the coverage provided by this policy would not have become effective, or would have ceased prior to the acceptance of such premium or premiums, then the liability of the Company shall be limited to the refund, upon request, of all premiums paid for the period not covered by this policy.

If your age has been misstated, but if according to your correct age on the date of issue the coverage provided by this policy would have become effective, all amounts payable under this policy shall be such as the premium paid would have purchased at the correct age.

**OPTION TO SURRENDER**—If the provisions of this policy are not satisfactory, you may surrender it to us for cancellation within two weeks from the date of issue. If this is done, we will refund all premiums which have been paid on this policy.

**ASSIGNMENT**—You may not assign this policy or any of its benefits.

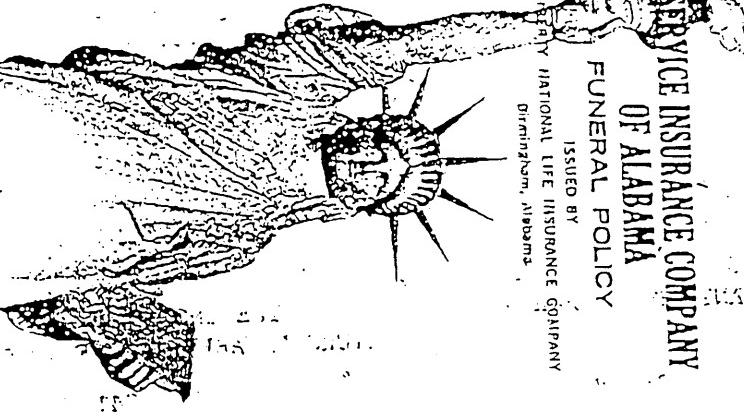
**CONFORMITY WITH STATE STATUTES**—Any provision of this policy which, on its date of issue, is in conflict with the statutes of the state in which you reside on such date is hereby amended to conform to the minimum requirements of such statutes.

Signed at Birmingham, Alabama by the President and Secretary of Liberty National Life Insurance Company as of the date of issue shown in the schedule on Page 4.

*J.L. Burleson*  
SECRETARY

*Frank P. Sanford, Jr.*  
PRESIDENT



SERVICE INSURANCE COMPANY OF ALABAMA		FUNERAL POLICY	
		ISSUED BY LIBERTY NATIONAL LIFE INSURANCE COMPANY Birmingham, Alabama	
			
FUNERAL POLICY		WHOLE LIFE INSURANCE	
PREMIUMS PAYABLE UNTIL POLICY ANNIVERSARY IMMEDIATELY PRECEDING INSURED'S 65TH BIRTHDAY		(BENEFIT GRADED FOR DEATH OF INSURED UNDER AGE 31 DAYS)	
ADDITIONAL BENEFIT FOR ACCIDENTAL DEATH		ADDITIONAL BENEFIT FOR DEATH BY AUTOMOBILE ACCIDENT	
ADDITIONAL BENEFIT FOR DEATH BY TRAVEL ACCIDENT		ADDITIONAL BENEFIT FOR LOSS OF EYESIGHT OR LIMB	
NONPARTICIPATING INDUSTRIAL POLICY			

SCHEDULE

TYPE  
32/82

POLICY NUMBER	NAME OF INSURED	BENEFICIARY	
100-10000000000000000000	MCCONNELL FRANKIE	MC CONNELL JAMES	
DATE OF ISSUE	AGE	PREMIUM	AMOUNT OF FUNERAL BENEFIT
Month Day Year			Month Day Year
			LAST PREMIUM PAYABLE
			AGENCY DISTRICT

If the named insured is under age 31 days at death, the Funeral Benefit will be one-half of the amount shown above.

FUNERAL SERVICE AGREEMENT

AUTHORIZED FUNERAL DIRECTOR—We have entered into agreements with various Funeral Directors for the furnishing of funeral merchandise and service in return for the Funeral Benefit payable under this policy. Such Funeral Directors are referred to herein as "Authorized Funeral Directors." Wherever the term "Authorized Funeral Director" is used, it means a Funeral Director under contract with us, and includes the names and addresses of all Authorized Funeral Directors.

**LIBERTY NATIONAL LIFE INSURANCE COMPANY**  
BIRMINGHAM, ALABAMA

**PAID-UP POLICY CERTIFICATE**

DATE  
4/6/92

PAYOUT DATE  
4/6/92

NAME OF INSURED	TYPE	POLICY NO.	ISSUE DATE	DISTRICT AGENT	AGE AT ISSUE	PREMIUMS PAID	DATE PAID TO	MO. DAY YR.	MO. DAY YR.
			MO. DAY YR.						
MCCONNELL FANNIE W	32B	21460692	5 13 74	6 7	32	46	4/24	4 1 92	4 1 92

\*\*\*\*\* \* \*

THIS IS TO CERTIFY THAT THE POLICY DESCRIBED  
ABOVE IS NOW PAID-UP FOR LIFE AND NO MORE  
PREMIUMS WILL BE DUE.

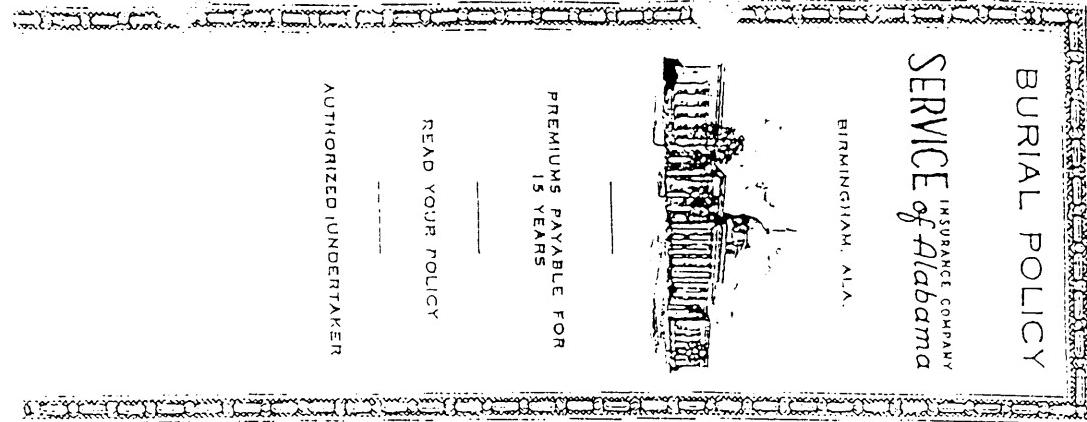
LIBERTY NATIONAL LIFE INSURANCE CO.

William E. Bouldin  
SECRETARY

THIS CERTIFICATE SHOULD BE  
ATTACHED TO THE POLICY  
IT DESCRIBES

\* SEE REVERSE SIDE \*

F



## SCHEDULE

NAME OF INSURED	BENEFICIARY			TYPE POLICY		
WILLIAMS SPENCER	WILLIAMS FANNIE K			F F		
2341929	4	5	65	17	\$ .19 WK (CENTS) WEEKLY PREMIUM	\$300.00 RETAIL VALUE (ADULTS)
POLICY NUMBER	MO.	DAY	YR.	AGE*	DIST.	DCBT

\*INSURED'S AGE NEXT BIRTHDAY

DUPLICATE

## REGISTER OF CHANGE OF BENEFICIARY

E—NO CHANGE, DESIGNATION OR DECLARATION, SHALL TAKE EFFECT UNTIL ENDORSED ON THIS POLICY BY  
THE COMPANY AT ITS HOME OFFICE.

DATE ENDORSED	BENEFICIARY	ENDORSED BY

Service Insurance Company of Alabama having discharged each and every obligation and liability set forth and stipulated herein, the undersigned beneficiary under this policy hereby surrenders the said policy and certifies that there is held against the said company no further claims hereunder.

WITNESS

BENEFICIARY

Dated at \_\_\_\_\_ this \_\_\_\_\_ day of \_\_\_\_\_, 19\_\_\_\_\_

# SERVICE INSURANCE COMPANY of Alabama

Will upon receipt of satisfactory proof of the death of the Insured and the surrender of this Policy provide, subject to the terms and conditions of this Policy, a funeral for the Insured of the retail value shown in the schedule.

**CONSIDERATION**—This Policy is issued in consideration of payment in advance of the weekly premium stated in the schedule on the fourth page of this Policy on or before each Monday in every year during the lifetime of the Insured until premiums shall have been paid for fifteen years, or until prior death of the Insured. Provided, however, that if the Insured is 66 years of age or over the Premium Paying Period shall be as follows:

Age at Date of Issue.

Age 66 through age 70,	Premiums Payable for 12 Years
Age 71 through age 75,	Premiums Payable for 10 Years
Age 76 through age 80,	Premiums Payable for 8 Years
Age 81 through age 85,	Premiums Payable for 6 Years
Age 86 and over,	Premiums Payable for 5 Years

The amount on which reserve is maintained and computed under this Policy is 40% of the retail value stated in this Policy or the average wholesale cost to the Company of the funeral supplies, benefits and services furnished if the same is greater than 40% of such retail value. Reserves shall be computed on the basis of the 1941 Standard Industrial Table of Mortality, Modified Preliminary Term, Illinois Standard, and interest at 3½% per annum.

**ALTERATION AND WAIVERS**—This Policy contains the entire agreement between the Company and the Insured. Its terms cannot be changed or its conditions varied, except by a written agreement, signed by the President or Secretary of the Company. No other person shall have the power to make or alter contracts, waive forfeitures, or receive premiums on policies in arrears more than four weeks, or to receipt for the same, and all such arrears given to an agent or employee shall be at the risk of those who pay them and shall not be credited upon the Policy, whether received or not, except as set forth in the "Reinstatement" provision herein.

**CONDITIONS AND PROVISIONS**—This Policy is issued and accepted subject to all of the terms, conditions, provisions, schedules, registers and endorsements printed or written by the Company on this or the succeeding pages hereof, which are a part of this Policy as fully as if recited over the signatures hereto affixed.

**PREMIUMS PAYABLE OTHER THAN WEEKLY**—The premium stated in the schedule of this Policy is a Weekly Premium. However, if an Annual Premium (52 weeks) is paid in advance at one time, such Annual Premium shall be calculated by multiplying the stated Weekly Premium by 46.8. If a Semi-Annual Premium (26 weeks) is paid in advance at one time, such Semi-Annual Premium shall be calculated by multiplying the Weekly Premium stated by 24.7.

**PREMIUM PAYING PERIOD**—The premium paying period shall begin with the date of issue and continue until premiums shall have been paid for the period stated in the above paragraph headed "Consideration."

**EFFECTIVE DATE**—This Policy shall take effect on its date of issue, provided the Insured is then alive and in sound health, but not otherwise.

**GRACE PERIOD**—A grace period of four weeks shall be granted for the payment of every premium after the first during which time this Policy will remain in force subject to the terms hereof, but after the expiration of the said period of grace the Company's liability under this Policy shall cease except as to the Non-Forfeiture privileges herein contained.

**REINSTATEMENT**—If this Policy shall lapse for non-payment of premium, it may be reinstated upon written application of the Insured accompanied by this Policy within one year from the date to which premiums have been duly paid, upon payment of all arrears, provided evidence of insurability of the Insured, satisfactory to the Company, be furnished, and such reinstatement shall not be effective until the date on which approval thereof is endorsed by the Company on this Policy and unless the Insured is then alive and in sound health.

**IN WITNESS WHEREOF**, The Company has caused this Policy to be executed by its President and Secretary at its Home Office in Birmingham, Alabama, as of the date of issue appearing in the schedule on page four hereof.



*J. L. Burleson*  
SECRETARY

*F. J. [Signature]*  
PRESIDENT

BURIAL POLICY.  
PREMIUMS PAYABLE 15 YEARS.

WHEREVER IN THIS POLICY THE WORDS "RETAIL VALUE" ARE USED REFERENCE IS THEREBY MADE TO THE RETAIL PRICES OF THE COMPANY'S AUTHORIZED FUNERAL DIRECTORS

(1) The Company has contracted with and thereby appointed as an authorized funeral director the funeral director designated in this Policy and the Insured by the acceptance of this Policy confirms such appointment. Wherever the phrase "authorized funeral director" is used, it means a funeral director then under contract with this Company to furnish the merchandise and service at the time of the Insured's death.

(2) The provisions of this Policy relating to the providing of funeral merchandise and the rendering of funeral services are to be fulfilled by the Company through an authorized funeral director only and are not to be construed as implying that such funeral merchandise and funeral service will be furnished by anyone except an authorized funeral director.

(3) The authorized funeral director has contracted to keep on display at all times the funeral merchandise stipulated in and provided by this Policy and the selection of same may be made by the Insured hereunder, the beneficiary or by any other person having the authority.

**(4) BENEFITS WHERE DEATH OCCURS WITHIN THIRTY-FIVE MILES OF AN AUTHORIZED FUNERAL DIRECTOR.**

If death occurs within thirty-five miles of an authorized funeral director the Company will through the facilities and in the manner referred to above, provide a funeral for the Insured of the retail value stipulated herein consisting of a casket, merchandise, and services as follows:

(A) If the Insured is twelve years of age or older at death, a funeral of the retail value of \$300, and if the insured is under the age of twelve years at death, a funeral of the retail value proportionate to the age of the deceased insured;

(B) A place where funeral, memorial, or other services may be held and such assistance as is proper in conducting the funeral; such services to be conducted either at the church, funeral parlor, home of the deceased, or other place designated by the beneficiary or other person having the authority;

(C) Embalming of body, suit or dress, use of one family car, and hearse service for the body to the cemetery, if desired, provided burial is within thirty-five (35) miles of place of death, or, if burial is not desired within the said thirty-five (35) miles the Company will convey the body to the depot and pay actual railway transportation thereon to any point within the United States;

(D) In the event the body is shipped to a point served by an authorized funeral director the Company will through such authorized funeral director furnish hearse service for a distance not to exceed thirty-five (35) miles from such point.

If the services of the authorized funeral director are not used, then the sole liability of the Company is limited to furnishing through its authorized funeral director of the casket stipulated above in this Paragraph No. (4).

The Company will through the facilities and in the manner referred to above provide for a stillborn child, or a child under the age of four weeks, who dies within thirty-five (35) miles of an authorized funeral director a casket of the retail value of \$15 provided both parents are insured under burial policies with the Company and that such policies are in full force and effect at the date of such birth or death.

**(5) BENEFITS WHERE DEATH OCCURS MORE THAN THIRTY-FIVE MILES FROM AN AUTHORIZED FUNERAL DIRECTOR.**

If the death of the Insured occurs more than thirty-five (35) miles from an authorized funeral director, the Company will, in lieu of the benefits set out in Paragraph No. (4) and upon receipt of due proof of the death of the insured, pay to its Home Office in Birmingham, Alabama, to the beneficiary named herein or to the person making arrangements for and becoming obligated to pay the burial expenses of the deceased insured, the sum of \$137.50 in cash if the Insured is over one year of age, and if the Insured is under the age of one year, the sum of \$68.75 in cash.

(6) **POLICY CONTROL**—If the Insured hereunder is a minor, during the minority of such Insured, the right to change the beneficiary and exercise all of the rights of ownership under this Policy shall be vested in the beneficiary named herein from time to time; or if such beneficiary dies before the Insured, then such rights shall be vested in the surviving parent of the Insured, or in the legal guardian of the Insured, or in any adult having the custody and control of said minor. After the Insured becomes of age, the entire ownership and control of this Policy shall be vested in the Insured.

(7) **CHANGE OF BENEFICIARY**—The beneficiary under this Policy may be changed from time to time by the person entitled to exercise the Policy Control. Such change shall become operative only when this Policy, accompanied by such form of request as the Company may require, has been surrendered to the Company at its Home Office and the Company has endorsed the change of beneficiary on this Policy.

(8) **PAYMENT OF PREMIUM**—All premiums are payable at the Home Office of the Company weekly in advance, but may be paid to an authorized representative of the Company, provided that such payment must be entered at the time in the premium receipt book belonging with this Policy. The failure of the collector to call for the premium on this Policy will not be an excuse for non-payment as the Insured will then be required to pay the premium at a Branch Office of the Company or remit the same to the Home Office.

(9) **ASSIGNMENT**—Neither this Policy, nor any benefit hereunder can be assigned.

**(10) NON-FORFEITURE BENEFITS**

**Extended Insurance**—In the event this Policy lapses after premiums have been paid for the respective periods shown in the table below this Policy shall be automatically continued in force as Extended Insurance for the number of months specified in such table and from the due date of the first premium in default.

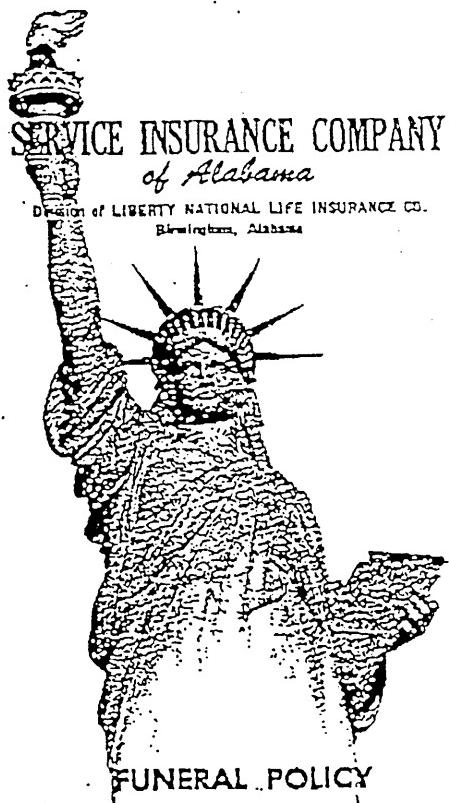
**Cash Surrender Value**—After this Policy has been in force with premiums paid for the respective periods shown in the table below, the Insured may, by making written application and surrendering this Policy to the Company, obtain Cash Surrender Value. If the application therefor is made within thirteen weeks of the due date of the first premium in default, the amount of such Cash Surrender Value shall be as set out in the table below; otherwise the amount shall be the equivalent of the reserve on the Extended Insurance at the date application therefor is made. The Company may defer the payment of any Cash Surrender Value for the period permitted by law, but not to exceed thirteen weeks from the date application therefor is received by the Company.

## TABLE OF NON-FORFEITURE BENEFITS

Age at Issue	Mo.	A	3 YEARS			6 YEARS			7 YEARS			8 YEARS			9 YEARS			10 YEARS			11 YEARS			12 YEARS			13 YEARS			14 YEARS																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																						
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LIBERTY NATIONAL LIFE INSURANCE COMPANY BIRMINGHAM, ALABAMA										PAID-UP POLICY CERTIFICATE				
										DATE	3	14	7	
NAME OF INSURED		TYPE	POLICY NO.	BIRTH DATE	AGE	POLICY	AMT	DATE PAID UP	AMT PAID UP	AMT DUE	AMT PAID UP	AMT DUE	AMT PAID UP	AMT DUE
William S. Steele		7		10-12-52	47	17	17	17	17	17	17	17	17	17
										NET OVERPAYMENT				
										FOR WHICH A CHECK IS ENCLOSED				
										CREDITS ON PREMIUM				
										7 4 4 4 1 4 5 2 4 4 5 2				
										THIS IS TO CERTIFY THAT THE POLICY DESCRIBED ABOVE IS NOW PAID-UP FOR LIFE AND NO MORE PREMIUMS WILL BE DUE.				
										LIBERTY NATIONAL LIFE INSURANCE CO.				
										Joseph H. Hanable SECRETARY				
										THIS CERTIFICATE SHOULD BE ATTACHED TO THE POLICY IT DESCRIBES				
										SEE REVERSE SIDE.				
										MAY 16 1947				

G



**FUNERAL POLICY**

WEEKLY PREMIUMS PAYABLE FOR 12 YEARS

BENEFIT FOR ACCIDENTAL DEATH

NONPARTICIPATING INDUSTRIAL POLICY

**SCHEDULE**

NAME OF INSURED	BENEFICIARY			PREMIUMS PAYABLE <b>WEEKLY</b>	TYPE <b>330</b>
	MO.	DAY	YR.		
WILLIAMS SPENCER	WILLIAMS FANNIE	21	023	\$300	712

AGE LAG  
BIRTHDAY  
AT DATE  
OF ISSUE  
POLICY NUMBER  
Each prior to age ten, the retail value is a reduced amount providing comparable benefits.

## LIBERTY NATIONAL LIFE INSURANCE COMPANY

BIRMINGHAM, ALABAMA

## PAID UP POLICY CERTIFICATE

DATE 10/28/82

NAME OF INSURED	TYPE	POLICY NO.	ISSUE DATE	MO.	DAY	YEAR	PREMIUM	COLLECTED	DATE PAID TO	MO.	DAY	YEAR	PREMIUM	COLLECTED	DATE PAID TO	MO.	DAY	YEAR	
H.S. NETTA, A.	230	14746884	21	24	80	30	25	12	18	11	8	81	11	8	11	8	81	11	81

RECEIVED  
LIBERTY NATIONAL LIFE INSURANCE CO.

NET OVER PAYMENT  
FOR WHICH A  
CHECK IS ENCLOSED

THIS IS TO CERTIFY THAT THE POLICY DESCRIBED  
ABOVE IS NOW PAID UP FOR LIFE AND NO MORE  
PREMIUMS WILL BE DUE.

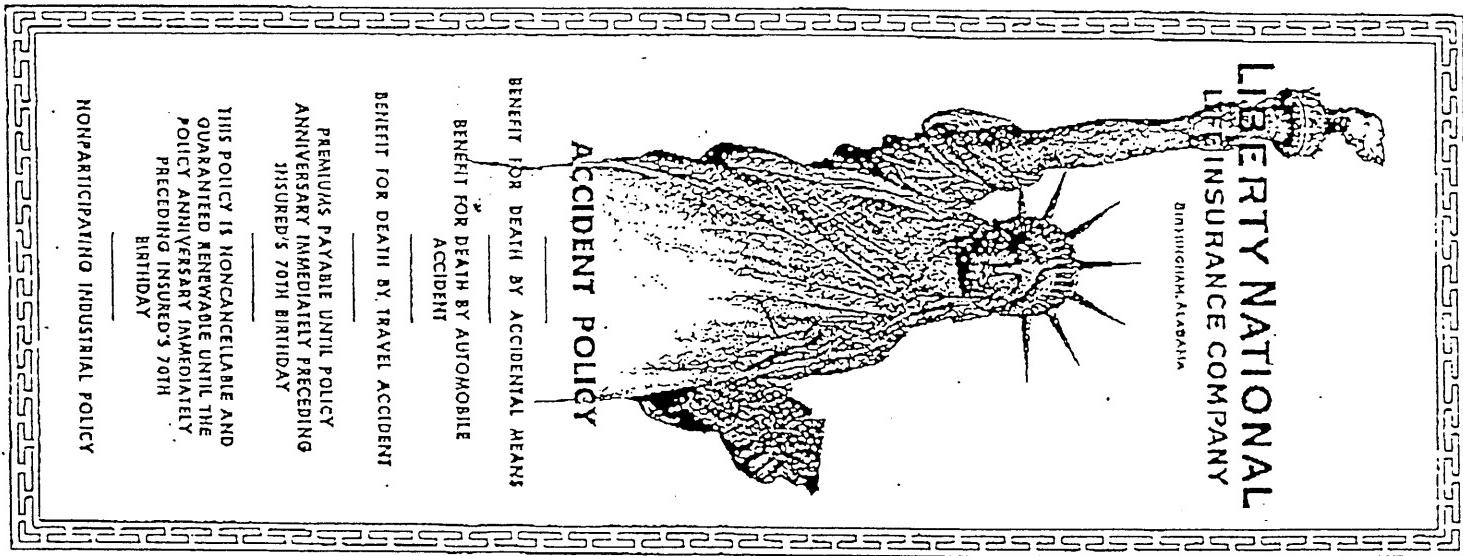
LIBERTY NATIONAL LIFE INSURANCE CO.

THIS CERTIFICATE SHOULD BE  
ATTACHED TO THE POLICY  
IT DESCRIBES

\* SEC REVERSE SIDE \*

*Joseph M. Kastell*  
SECRETARY

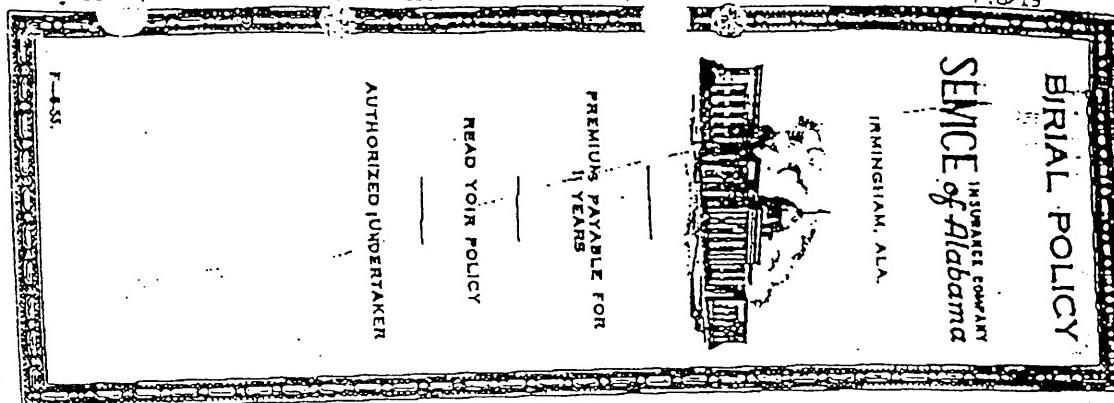






DEY '99 10:55AM WATSON FEES JIMMERSO

P.8/19



## SCHEDULE OF BENEFITS

NAME OF INSURED	BENEFICIARY			TYPE POLICY		
WILLIAMS NETA A	WILLIAMS FANNIE K					
2341930 POLICY NUMBER	4 5 68 MO. DAY YR. DATE OF ISSUE	9 AGE	\$.16 (CENTS) WEEKLY PREMIUM	\$300.00 RETAIL VALUE (ADULTS)	36 DAYS.	20 DAYS

FUNDED'S AGE NEXT BIRTHDAY

REGISTER OF CHANGE OF BENEFICIARY		
NOTE—NO CHANGE, DESIGNATION OR DECLARATION, SHALL TAKE EFFECT UNTIL ENDORSED ON THIS POLICY BY THE COMPANY AT ITS HOME OFFICE.		
DATE ENDORSED	BENEFICIARY	ENDORSED BY

Service Insurance Company of Alabama having discharged each and every obligation and liability set forth and stipulated herein, the undersigned beneficiary under this policy hereby surrenders the said policy and certifies that there is held against the said company no further claims hereunder.

WITNESS

BENEFICIARY

Dated at \_\_\_\_\_ this \_\_\_\_\_ day of \_\_\_\_\_ 19\_\_\_\_

# SERVICE INSURANCE COMPANY of Alabama

Will upon receipt of satisfactory proof of the death of the Insured and the surrender of this Policy provide, subject to the terms and conditions of this Policy, a funeral for the Insured of the retail value shown in the schedule.

**CONSIDERATION**—This Policy is issued in consideration of payment in advance of the weekly premium stated in the schedule on the fourth page of this Policy on or before each Monday in every year during the lifetime of the Insured until premiums shall have been paid for fifteen years, or until prior death of the Insured. Provided, however, that if the Insured is 58 years of age or over, the Premium Paying Period shall be as follows:

Age at Date of Issue.

Age 66 through age 70	Premiums Payable for 12 Years
Age 71 through age 75	Premiums Payable for 10 Years
Age 76 through age 80	Premiums Payable for 8 Years
Age 81 through age 85	Premiums Payable for 6 Years
Age 86 and over	Premiums Payable for 5 Years

The amount on which reserve is maintained and computed under this Policy is 40% of the retail value stated in this Policy or the average wholesale cost to the Company of the funeral supplies, benefits and services furnished if the same is greater than 40% of such retail value. Reserves shall be computed on the basis of the 1941 Standard Industrial Table of Mortality, Modified Preliminary Term, Illinois Standard, and interest at 3½% per annum.

**ALTERATION AND WAIVERS**—This Policy contains the entire agreement between the Company and the Insured. Its terms cannot be changed or its conditions varied, except by a written agreement signed by the President or Secretary of the Company. No other person shall have the power to make or alter contracts, waive forfeitures, or receive premiums on policies in arrears more than four weeks, or to receipt for the same, and all such arrears given to an agent or employee shall be at the risk of those who pay them and shall not be credited upon the Policy, whether received or not, except as set forth in the "Reinstatement" provision herein.

**CONDITIONS AND PROVISIONS**—This Policy is issued and accepted subject to all of the terms, conditions, provisions, schedules, registers and endorsements printed or written by the Company on this or the succeeding pages hereof, which are a part of this Policy as fully as if recited over the signatures hereto affixed.

**PREMIUMS PAYABLE OTHER THAN WEEKLY**—The premium stated in the schedule of this Policy is a Weekly Premium. However, if an Annual Premium (52 weeks) is paid in advance at one time, such Annual Premium shall be calculated by multiplying the stated Weekly Premium by 46.8. If a Semi-Annual Premium (26 weeks) is paid in advance at one time, such Semi-Annual Premium shall be calculated by multiplying the Weekly Premium stated by 24.7.

**PREMIUM PAYING PERIOD**—The premium paying period shall begin with the date of issue and continue until premiums shall have been paid for the period stated in the above paragraph headed "Consideration."

**EFFECTIVE DATE**—This Policy shall take effect on its date of issue, provided the Insured is then alive and in sound health, but not otherwise.

**GRACE PERIOD**—A grace period of four weeks shall be granted for the payment of every premium after the first during which time this Policy will remain in force subject to the terms hereof, but after the expiration of the said period of grace the Company's liability under this Policy shall cease except as to the Non-Forfeiture privileges herein contained.

**REINSTATEMENT**—If this Policy shall lapse for non-payment of premium, it may be reinstated upon written application of the Insured accompanied by this Policy within one year from the date to which premiums have been duly paid, upon payment of all arrears, provided evidence of insurability of the Insured, satisfactory to the Company, be furnished, and such reinstatement shall not be effective until the date on which approval thereof is endorsed by the Company on this Policy and unless the Insured is then alive and in sound health.

**IN WITNESS WHEREOF**, The Company has caused this Policy to be executed by its President and Secretary at its Home Office in Birmingham, Alabama, as of the date of issue appearing in the schedule on page four hereof.



*J. P. Burleson*  
SECRETARY

*F. L. Johnson*  
PRESIDENT

BURIAL POLICY.  
PREMIUMS PAYABLE 15 YEARS.

DR 3 '99 11:01AM WATSON FEES JIMMERSO

P.12/19

WHEREVER IN THIS POLICY THE WORDS "RETAIL VALUE" ARE USED REFERENCE IS THEREBY MADE TO THE RETAIL PRICES OF THE COMPANY'S AUTHORIZED FUNERAL DIRECTORS.

(1) The Company has contracted with and thereby appointed as an authorized funeral director the funeral director designated in this Policy and the Insured by the acceptance of this Policy confirms such appointment. Wherever the phrase "authorized funeral director" is used, it means a funeral director then under contract with this Company to furnish the merchandise and service at the time of the Insured's death.

(2) The provisions of this Policy relating to the providing of funeral merchandise and the rendering of funeral services are to be fulfilled by the Company through an authorized funeral director only and are not to be construed as implying that such funeral merchandise and funeral service will be furnished by anyone except an authorized funeral director.

(3) The authorized funeral director has contracted to keep on display at all times the funeral merchandise stipulated in and provided by this Policy and the selection of same may be made by the Insured hereunder, the beneficiary or by any other person having the authority.

**(4) BENEFITS WHERE DEATH OCCURS WITHIN THIRTY-FIVE MILES OF AN AUTHORIZED FUNERAL DIRECTOR.**

If death occurs within thirty-five miles of an authorized funeral director the Company will through the facilities and in the manner referred to above, provide a funeral for the Insured of the retail value stipulated herein consisting of a casket, merchandise, and services as follows:

(A) If the Insured is twelve years of age or older at death, a funeral of the retail value of \$300, and if the insured is under the age of twelve years at death, a funeral of the retail value proportionate to the age of the deceased.

(B) A place where funeral, memorial, or other services may be held and such assistance as is proper in conducting the funeral; such services to be conducted either at the church, funeral parlor, home of the deceased, or other place designated by the beneficiary or other person having the authority;

(C) Embalming of body, suit or dress, use of one family car, and hearse service for the body to the cemetery, if desired, provided burial is within thirty-five (35) miles of place of death, or, if burial is not desired within the said thirty-five (35) miles the Company will convey the body to the depot and pay actual railway transportation thereon to any point within the United States;

(D) In the event the body is shipped to a point served by an authorized funeral director the Company will through such authorized funeral director furnish hearse service for a distance not to exceed thirty-five (35) miles from such point.

If the services of the authorized funeral director are not used, then the sole liability of the Company is limited to the furnishing through its authorized funeral director of the casket stipulated above in this Paragraph No. (4).

The Company will through the facilities and in the manner referred to above provide for a stillborn child, or a child under the age of four weeks, who dies within thirty-five (35) miles of an authorized funeral director a casket of the retail value of \$15 provided both parents are insured under burial policies with the Company and that such policies are in full force and effect at the date of such birth or death.

**(5) BENEFITS WHERE DEATH OCCURS MORE THAN THIRTY-FIVE MILES FROM AN AUTHORIZED FUNERAL DIRECTOR.**

If the death of the Insured occurs more than thirty-five (35) miles from an authorized funeral director, the Company will, in lieu of the benefits set out in Paragraph No. (4) and upon receipt of due proof of the death of the insured, pay at its Home Office in Birmingham, Alabama, to the beneficiary named herein or to the person making arrangements for and becoming obligated to pay the burial expenses of the deceased insured, the sum of \$137.50 in cash if the insured is over one year of age, and if the Insured is under the age of one year, the sum of \$88.75 in cash.

(6) POLICY CONTROL—If the Insured hereunder is a minor, during the minority of such Insured, the right to change the beneficiary and exercise all of the rights of ownership under this Policy shall be vested in the beneficiary named herein from time to time; or if such beneficiary dies before the Insured, then such rights shall be vested in the surviving parent of the Insured, or in the legal guardian of the Insured, or in any adult having the custody and control of said minor. After the Insured becomes of age, the entire ownership and control of this Policy shall be vested in the Insured.

(7) CHANGE OF BENEFICIARY—The beneficiary under this Policy may be changed from time to time by the person entitled to exercise the Policy Control. Such change shall become operative only when this Policy, accompanied by such form of request as the Company may require, has been surrendered to the Company at its Home Office and the Company has endorsed the change of beneficiary on this Policy.

(8) PAYMENT OF PREMIUM—All premiums are payable at the Home Office of the Company weekly in advance but may be paid to an authorized representative of the Company, provided that such payment must be entered at the time in the premium receipt book belonging with this Policy. The failure of the collector to call for the premium on the Policy will not be an excuse for non-payment as the Insured will then be required to pay the premium at a Branch Office of the Company or remit the same to the Home Office.

(9) ASSIGNMENT—Neither this Policy, nor any benefit hereunder can be assigned.

**(10) NON-FORFEITURE BENEFITS**

**Extended Insurance**—In the event this Policy lapses after premiums have been paid for the respective periods shown in the table below this Policy shall be automatically continued in force as Extended Insurance for the number of months specified in such table and from the due date of the first premium in default.

**Cash Surrender Value**—After this Policy has been in force with premiums paid for the respective periods shown in the table below, the Insured may, by making written application and surrendering this Policy to the Company, obtain a Cash Surrender Value. If the application therefor is made within thirteen weeks of the due date of the first premium in default, the amount of such Cash Surrender Value shall be as set out in the table below; otherwise the amount shall be the equivalent of the reserve on the Extended Insurance at the date application therefor is made. The Company may defer the payment of any Cash Surrender Value for the period permitted by law, but not to exceed thirteen weeks from the date application therefor is received by the Company.

DR '99 11:22AM WATSON FEES JIMMERSO

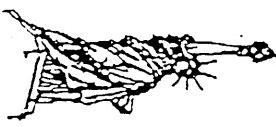
P.11/19

## TABLE OF NON-FORFEITURE BENEFITS

\* Premiums must have been paid on this Policy for the number of years indicated in the first line of the foregoing table to obtain the benefits indicated. See paragraph 8 of this Policy.

DEC 28 '99 11:03AM WA FEES JIMMERSON

P.12/19.



**LIBERTY NATIONAL LIFE INSURANCE COMPANY**  
BIRMINGHAM, ALABAMA

**PAID-UP POLICY CERTIFICATE**

DATE 11/23/81

NAME OF INSURED	TYPE	POLICY NO.	ISSUE DATE			DISCOUNT	ADDITIONAL AMOUNT REFUND	DATE PAID TO			NET OVER PAID
			MO.	DAY	YR.			MO.	DAY	YR.	
WILLIAMS NETA A	330	14768585	11	24	69	.36	.26	13	18	11	4

OVERPAID OR REFUND  
\* \* \* \* \*

NET OVERPAID

FOR WHICH A

CHECK IS ENCLOSED

THIS IS TO CERTIFY THAT THE POLICY DESCRIBED  
ABOVE IS NOW PAID-UP FOR LIFE AND NO MORE  
PREMIUMS WILL BE DUE.

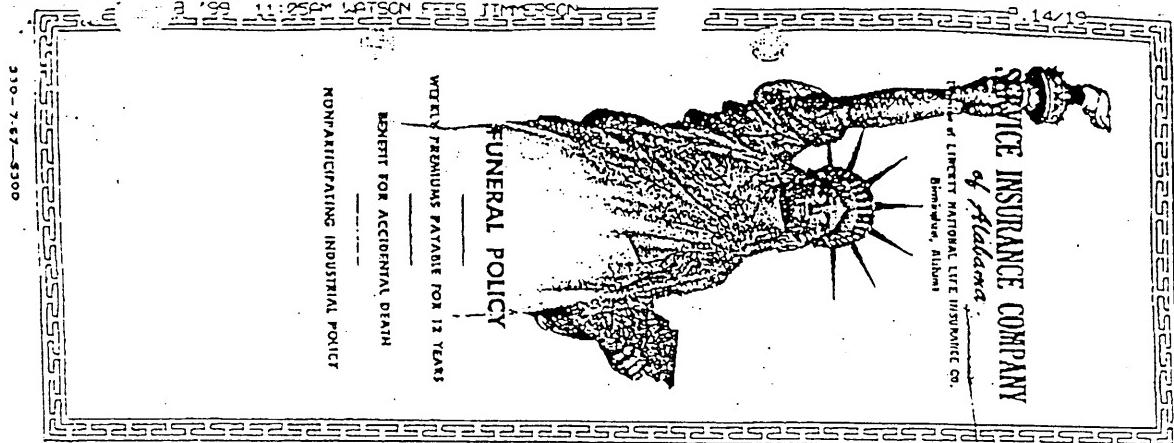
LIBERTY NATIONAL LIFE INSURANCE CO.

*Joseph A. Sosula*  
SECRETARY

THIS CERTIFICATE SHOULD BE  
ATTACHED TO THE POLICY  
IT DESCRIBES  
• SEE REVERSE SIDE •

M-2 ED 10-67

J



## SCHEDULE

NAME OF INSURED	BENEFICIARY				PREMIUMS PAYABLE	TYPE
	WILLIAMS NETA A	WILLIAMS FANNIE	WK	330		
14758555	11 24 69	13 018	\$300	712	15	
POLICY NUMBER	MO. DAY YR.	AGE LAST BIRTHDAY AT DATE OF ISSUE	(CENTRAL WEEKLY PREMIUM)	RETAIL VALUE	DISTRICT	AGENCY

\*For death prior to age ten, the retail value is a reduced amount providing comparable benefit.

## REGISTER OF CHANGE OF BENEFICIARY

NOTE—NO CHANGE, DESIGNATION OR DECLARATION, SHALL TAKE EFFECT UNTIL ENDORSED ON THIS POLICY BY THE COMPANY AT ITS HOME OFFICE

DATE ENDORSED	BENEFICIARY	ENDORSED BY

Service Insurance Company of Alabama, Division of Liberty National Life Insurance Company, having discharged each and every obligation and liability set forth and stipulated herein, the undersigned beneficiary under this policy hereby surrenders the said policy and certifies that there is held against the said company no further claims hereunder.

WITNESS

BENEFICIARY

Dated at \_\_\_\_\_ this \_\_\_\_\_ day of \_\_\_\_\_, 19\_\_\_\_.

# SERVICE INSURANCE COMPANY

## *of Alabama*

DIVISION OF LIBERTY NATIONAL LIFE INSURANCE COMPANY

**INSURANCE AGREEMENT**—Subject to the terms and conditions of this policy we insure your life for the purpose of providing at your death the funeral benefit described below. This insurance is effective on the date of issue shown in the schedule on Page 4 if you are in good health on that date and if premiums are paid as provided under "Premiums".

**AUTHORIZED FUNERAL DIRECTOR**—We have authorized various funeral directors throughout Alabama to furnish the funeral benefit provided by this policy, and such benefit is to be furnished only by an authorized funeral director. As used in this policy "Authorized Funeral Director" means a funeral director authorized by us at the time of your death. "Retail Value", as used in this policy, refers to the retail prices charged by authorized funeral directors. We will furnish you upon request the names and addresses of all authorized funeral directors.

**FUNERAL BENEFIT**—If your death occurs within the State of Alabama and within 35 miles of an authorized funeral director, we will provide for you, through an authorized funeral director, a funeral of the retail value of \$300 (or in the event your death occurs prior to your tenth birthday, a funeral of a reduced retail value providing comparable benefits). The funeral shall include the following:

- Casket and suit or dress.
- Transportation of remains to funeral home (not to exceed 35 miles).
- Embalming and preparation of remains.
- Use of funeral parlor.
- A place where the funeral service may be held.
- Assistance in conducting the funeral service.
- Use of funeral coach for transportation of remains to church, home, cemetery, railway station, or other point within 35 miles of funeral home.
- Railway transportation of remains to any point within the continental United States (not including Alaska or Hawaii).
- In the event remains are shipped to a point served by an authorized funeral director, funeral coach service by such funeral director for a distance not to exceed 35 miles from such point.

Neither we nor any authorized funeral director shall be liable for any expense in connection with merchandise or service furnished by anyone other than an authorized funeral director. If the services of an authorized funeral director are not used, our sole liability under this provision shall be to furnish the casket called for in this provision.

If at your death you are insured by the company under another burial policy providing for a funeral of the retail value of \$250 or \$300, we will in lieu of furnishing the funeral benefit specified in this policy and the other policy, furnish for you a funeral of the retail value of \$600 including a metal casket.

**BENEFIT WHERE FUNERAL BENEFIT NOT AVAILABLE**—If your death occurs outside the State of Alabama or more than 35 miles from an authorized funeral director, we will pay a cash benefit of \$150 (\$75 if your death occurs before your first birthday) in lieu of the funeral benefit.

In such case payment may be made to the beneficiary, or to your executor or administrator, or to any relative of yours by blood or legal adoption or connection by marriage, or to any person appearing to us to be equitably entitled to payment by reason of having incurred expense for your maintenance, medical attention, or burial.

**Premiums**—The consideration for this policy is the payment of the premiums when they are due, and no insurance will become effective until the first premium has been paid. The amount of the weekly premium is shown in the schedule on Page 4. This premium is due each Monday beginning with the date of issue and continuing for a period of twelve years. Premiums must be paid to one of our agents or to the cashier at one of our offices. If our agent does not call for any premium when it is due, payment of the premium is not excused, and in such case it is your responsibility to see that payment is made at one of our offices.

**GRACE PERIOD**—If any premium is not paid within 4 weeks of the date when it is due, this policy will lapse and cease to be in force except as provided under "Extended Insurance".

### FUNERAL POLICY

Weekly Premiums Payable for 12 Years  
Benefit for Accidental Death

**ACCIDENTAL DEATH BENEFIT**—Upon receipt at our Home Office of due proof that your death, prior to your 65th birthday, resulted from bodily injuries effected solely through external and accidental means and independently of all other causes and within 90 days from the date of such injuries while this policy was in full force and effect, we will, subject to the exclusions below, pay to your beneficiary an additional death benefit of \$100 (or an additional death benefit of \$50 in the event your accidental death occurs prior to your first birthday).

**Exceptions**—No benefit for accidental death will be payable: (1) if death occurs while this policy is being continued in force as extended insurance; (2) if the injury or death is caused or contributed to by (a) self-destruction, whether sane or insane, (b) any disease, illness, or infirmity, (c) medical or surgical treatment, (d) participation in an assault or felony, (e) operating or riding in or descending from any kind of aircraft of which you were the pilot, officer, or member of the crew, or in which you were giving or receiving training or instruction or had any duties, or (f) war or act of war (including insurrection, undeclared war, and armed aggression or its resistance), whether or not you are in military service of any country or international organization.

**LOSS OF EYESIGHT OR LIMBS**—Upon receipt at our Home Office of due proof of the loss of your eyesight or the loss of two or more of your limbs, prior to your 65th birthday, we will endorse this policy to waive all future premiums as they become due. Loss of eyesight means the total and permanent loss of sight of both eyes. Loss of a limb means the loss of a hand or foot by severance. The insurance against loss of eyesight or limbs is subject to the following conditions and exceptions:

**Conditions**—(a) The loss must be caused solely by disease contracted or injuries sustained after the date of issue, and (b) due proof of the loss must be presented to us within two years from the date of the loss.

**Exceptions**—No insurance is provided against any loss of eyesight or limb which occurs while this policy is being continued in force as extended insurance or which results from (a) intentionally inflicted injury, whether sane or insane, or (b) war or act of war (including insurrection, undeclared war, and armed aggression or its resistance), whether or not you are in military service of any country or international organization.

**RESERVE BASIS**—The basis of reserves for this policy is the Commissioners 1961 Standard Industrial Mortality Table, Commissioners Reserve Valuation Method, with interest at 3½% per year. The amount on which the reserve is maintained and computed under this policy is 50% of the retail value stated in this policy or the average wholesale cost to the Company of the funeral supplies, benefits and services furnished if the same is greater than 50% of such retail value.

**NONFORFEITURE BENEFITS**—The two following paragraphs provide for extended insurance and cash values after premiums have been paid for the periods shown. These benefits are computed by the Standard Nonforfeiture Value Method using the Commissioners 1961 Standard Industrial Mortality Table with interest at 3½% per year, except that extended term benefits are calculated on the Commissioners 1961 Industrial Extended Term Table with interest at 3½% per year. The benefits shown are those available after premiums have been paid for the exact periods shown. If there is no indebtedness against this policy, the actual calculation of any benefit will take into account the payment of premiums for a portion of a year beyond the exact number of years shown. Benefits for years after those shown will be furnished upon request.

**EXTENDED INSURANCE**—If this policy should lapse after premiums have been paid for the period of time shown, and has not been surrendered for its Cash Value, the insurance on your life will be continued without further premium payments for the number of years and months shown in the table below. The extended insurance will begin on the date the first unpaid premium was due.

TERMS OF EXTENDED INSURANCE FOR EACH AGE AT ISSUE

28 1991 11:28AM WATSON FEES JIMMERSOMMING

**CASH VALUE**—After premiums have been paid for three years this policy will have a cash value. You may receive this value by making written application for it and surrendering this policy to us for cancellation. If this is done while no premium is more than 13 weeks past due, the cash value will be the amount shown in the table below. Otherwise it will be the net single premium for the remaining unexpired extended insurance. We reserve the right to defer payment of the cash value for a period of six months.

**CASH VALUES FOR EACH AGE AT ISSUE**

Age Last Birthday At Date of Issue	PREMIUMS PAID FOR											Age Last Birthday of Issue
	1 YEAR	4 YEARS	5 YEARS	6 YEARS	7 YEARS	8 YEARS	9 YEARS	10 YEARS	11 YEARS	12 YEARS		
0	1	4	6	9	12	15	18	21	24	27	30	0
1	2	5	8	12	16	19	22	25	28	31	34	1
2	3	6	9	13	17	20	23	26	29	32	35	2
3	4	7	10	14	18	21	24	27	30	33	36	3
4	5	8	11	15	19	22	25	28	31	34	37	4
5	6	9	12	16	20	23	26	29	32	35	38	5
6	7	10	13	17	21	24	27	30	33	36	39	6
7	8	11	14	18	22	25	28	31	34	37	40	7
8	9	12	15	19	23	26	29	32	35	38	41	8
9	10	13	16	20	24	27	30	33	36	39	42	9
10	11	14	17	21	25	28	31	34	37	40	43	10
11	12	15	18	22	26	29	32	35	38	41	44	11
12	13	16	19	23	27	30	33	36	39	42	45	12
13	14	17	20	24	28	31	34	37	40	43	46	13
14	15	18	21	25	29	32	35	38	41	44	47	14
15	16	19	22	26	30	33	36	39	42	45	48	15
16	17	20	23	27	31	34	37	40	43	46	49	16
17	18	21	24	28	32	35	38	41	44	47	50	17
18	19	22	25	29	33	36	39	42	45	48	51	18
19	20	23	26	30	34	37	40	43	46	49	52	19
20	21	24	27	31	35	38	41	44	47	50	53	20
21	22	25	28	32	36	39	42	45	48	51	54	21
22	23	26	29	33	37	40	43	46	49	52	55	22
23	24	27	30	34	38	41	44	47	50	53	56	23
24	25	28	31	35	39	42	45	48	51	54	57	24
25	26	29	32	36	40	43	46	49	52	55	58	25
26	27	30	33	37	41	44	47	50	53	56	59	26
27	28	31	34	38	42	45	48	51	54	57	60	27
28	29	32	35	39	43	46	49	52	55	58	61	28
29	30	33	36	40	44	47	50	53	56	59	62	29
30	31	34	37	41	45	48	51	54	57	60	63	30
31	32	35	38	42	46	49	52	55	58	61	64	31
32	33	36	39	43	47	50	53	56	59	62	65	32
33	34	37	40	44	48	51	54	57	60	63	66	33
34	35	38	41	45	49	52	55	58	61	64	67	34
35	36	39	42	46	50	53	56	59	62	65	68	35
36	37	40	43	47	51	54	57	60	63	66	69	36
37	38	41	44	48	52	55	58	61	64	67	70	37
38	39	42	45	49	53	56	59	62	65	68	71	38
39	40	43	46	50	54	57	60	63	66	69	72	39
40	41	44	47	51	55	58	61	64	67	70	73	40
41	42	45	48	52	56	59	62	65	68	71	74	41
42	43	46	49	53	57	60	63	66	69	72	75	42
43	44	47	50	54	58	61	64	67	70	73	76	43
44	45	48	51	55	59	62	65	68	71	74	77	44
45	46	49	52	56	60	63	66	69	72	75	78	45
46	47	50	53	57	61	64	67	70	73	76	79	46
47	48	51	54	58	62	65	68	71	74	77	80	47
48	49	52	55	59	63	66	69	72	75	78	81	48
49	50	53	56	60	64	67	70	73	76	79	82	49
50	51	54	57	61	65	68	71	74	77	80	83	50
51	52	55	58	62	66	69	72	75	78	81	84	51
52	53	56	59	63	67	70	73	76	79	82	85	52
53	54	57	60	64	68	71	74	77	80	83	86	53
54	55	58	61	65	69	72	75	78	81	84	87	54
55	56	59	62	66	70	73	76	79	82	85	88	55
56	57	60	63	67	71	74	77	80	83	86	89	56
57	58	61	64	68	72	75	78	81	84	87	90	57
58	59	62	65	69	73	76	79	82	85	88	91	58
59	60	63	66	70	74	77	80	83	86	89	92	59
60	61	64	67	71	75	78	81	84	87	90	93	60
61	62	65	68	72	76	79	82	85	88	91	94	61
62	63	66	69	73	77	80	83	86	89	92	95	62
63	64	67	70	74	78	81	84	87	90	93	96	63
64	65	68	71	75	79	82	85	88	91	94	97	64
65	66	69	72	76	80	83	86	89	92	95	98	65
66	67	70	73	77	81	84	87	90	93	96	99	66
67	68	71	74	78	82	85	88	91	94	97	100	67
68	69	72	75	79	83	86	89	92	95	98	101	68
69	70	73	76	80	84	87	90	93	96	99	102	69
70	71	74	77	81	85	88	91	94	97	100	103	70
71	72	75	78	82	86	89	92	95	98	101	104	71
72	73	76	79	83	87	90	93	96	99	102	105	72
73	74	77	80	84	88	91	94	97	100	103	106	73
74	75	78	81	85	89	92	95	98	101	104	107	74
75	76	79	82	86	90	93	96	99	102	105	108	75
76	77	80	83	87	91	94	97	100	103	106	109	76
77	78	81	84	88	92	95	98	101	104	107	110	77
78	79	82	85	89	93	96	99	102	105	108	111	78
79	80	83	86	90	94	97	100	103	106	109	112	79
80	81	84	87	91	95	98	101	104	107	110	113	80
81	82	85	88	92	96	99	102	105	108	111	114	81
82	83	86	89	93	97	100	103	106	109	112	115	82
83	84	87	90	94	98	101	104	107	110	113	116	83
84	85	88	91	95	99	102	105	108	111	114	117	84
85	86	89	92	96	100	103	106	109	112	115	118	85
86	87	90	93	97	101	104	107	110	113	116	119	86
87	88	91	94	98	102	105	108	111	114	117	120	87
88	89	92	95	99	103	106	109	112	115	118	121	88
89	90	93	96	100	104	107	110	113	116	119	122	89
90	91	94	97	101	105	108	111	114	117	120	123	90
91	92	95	98	102	106	109	112	115	118	121	124	91
92	93	96	99	103	107	110	113	116	119	122	125	92
93	94	97	100	104	108	111	114	117	120	123	126	93
94	95	98	101	105	109	112	115	118	121	124	127	94
95	96	99	102	106	110	113	116	119	122	125	128	95
96	97	100	103	107	111	114	117	120	123	126	129	96
97	98	101	104	108	112	115	118	121	124	127	130	97
98	99	102	105	109	113	116	119	122	125	128	131	98
99	100	103	106	110	114	117	120	123	126	129	132	99
100	101	104	107	111	115	118	121	124	127	130	133	100

**MEANING OF PRONOUNS**—Unless clearly contrary to the context, wherever used in this policy, the words "We," "Our" or "Company" shall mean Service Insurance Company of Alabama, Division of Liberty National Life Insurance Company, and "You" or "Your" shall mean the Insured named in the schedule on Page 4.

**ENTIRE CONTRACT**—This policy is the entire contract between us. None of its provisions may be waived or changed except by written endorsement on this policy signed by the President, a Vice-President, an Assistant Vice-President, the Secretary, or an Assistant Secretary of the Company.

Signed at Birmingham, Alabama, by the President and Secretary of Service Insurance Company of Alabama, Division of Liberty National Life Insurance Company, as of the date of issue shown in the schedule on Page 4.

*J. L. Burleson*  
SECRETARY

*J. L. Burleson*  
PRESIDENT

K

DEC 08 '99 11:08AM WAT FEES JIMMERSO

P.19/19

**ACCIDENT POLICY**

BENEFIT FOR DEATH BY ACCIDENTAL MEANS

BENEFIT FOR DEATH BY AUTOMOBILE

BENEFIT FOR DEATH BY TRAVEL ACCIDENT

PREMIUMS PAYABLE UNTIL POLICY  
ANNIVERSARY IMMEDIATELY PRECEDING  
INSUREE'S 70TH BIRTHDAYTHIS POLICY IS NONCANCELLABLE AND  
GUARANTEED RENEWABLE UNTIL THE  
POLICY ANNIVERSARY IMMEDIATELY  
PRECEDING INSUREE'S 70TH  
BIRTHDAY

NONPARTICIPATING INDUSTRIAL POLICY

POLICY NUMBER

NAME OF INSUREE

Month Day Year

AGE

PREMIUM

AMOUNT OF  
INSURANCE

MON.

DAY

YEAR

LAST PREMIUM PAYABLE

EXERCY

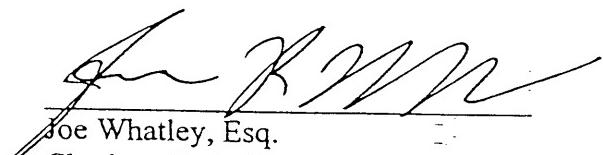
Amount of insurance benefits shown on page one.

IN THE UNITED STATES DISTRICT COURT  
IN AND FOR THE NORTHERN DISTRICT OF ALABAMA  
SOUTHERN DIVISION

ELLEN GAYLE MOORE, FANNIE )  
McCONNELL, SPENCER WILLIAMS, )  
and ANITA BOWERS, on Behalf of )  
themselves and all Others Similarly )  
Situated, )  
Plaintiff, ) Civ.No.:  
vs. ) CLASS ACTION  
LIBERTY NATIONAL INSURANCE )  
COMPANY, )  
Defendant. )  
\_\_\_\_\_  
)

**REQUEST FOR SERVICE BY  
CERTIFIED MAIL**

Please serve the defendants Liberty National Insurance Company, by certified mail pursuant to Alabama Rules of Civil Procedure 4.1 and Federal Rules of Civil Procedure 4(c)(2)(C)(i).



Joe Whatley, Esq.  
Charlene P. Cullen, Esq.  
Whatley Drake, L.L.C.  
1100 Financial Center  
505 20<sup>th</sup> Street North  
Birmingham, AL 35203  
Office: (205) 328-9576  
Fax: (205) 328-9669

Herman Watson, Esq.  
Rebekah Keith, Esq.  
Watson Jimmerson, P.C.  
200 Clinton Avenue West, Suite 800  
Post Office Box 46  
Huntsville, AL 35804  
Office: (256) 536-7423  
Fax: (256) 536-2689

Melvyn I. Weiss, Esq.  
Milberg, Weiss, Bershad, Hynes  
& Lerach, L.L.P.  
One Pennsylvania Plaza  
New York, NY 10119-0165  
Office: (212) 594-5300  
Fax: (212) 868-1229

John J. Stoia, Jr., Esq.  
Milberg, Weiss, Bershad, Hynes  
& Lerach, L.L.P.  
600 West Broadway  
Suite 1800  
San Diego, California 92101-5050  
Office: (619) 231-1058  
Fax: (619) 231-7423

W. Christian Hoyer, Esq.  
Christa L. Collins, Esq.  
James Hoyer Newcomer Forizs  
& Smiljanich, P.A.  
One Urban Center, Suite 147  
4830 West Kennedy Boulevard  
Tampa, FL 33609  
Office: (813) 286-4100  
Fax: (813) 286-4174

Andrew S. Friedman, Esq.  
Bonnett, Fairbourn, Friedman  
& Balint, P.C.  
4041 North Central Avenue  
Suite 1100  
Phoenix, AZ 85012-3311  
Office: (602) 274-1100  
Fax: (602) 274-1199

Ron Parry, Esq.  
Arnzen, Parry & Wentz, P.S.C.  
128 East Second Street  
Post Office Box 472  
Covington, KY 41012-0472  
Office: (606) 431-6100  
Fax: (606) 431-2211